

## HISTORY FACILITY PROFILE

PIONEER CARE CENTER PROVIDER #: 465020 FACILITY BEDS TYPE ACTION: RECERTIFICATION  
 815 SOUTH 200 WEST PHONE NUMBER: (435) 723-5289 TOTAL: 72  
 BRIGHAM CITY UT 84302 PARTICIPATION DATE: 10/01/1977 CERTIFIED: 72 TYPE OWNERSHIP: FOR PROFIT - CORPORATION  
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 04/10/2002		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 72	
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TOTAL:	36	ADMISSION SUSPENDED:	18	18/19	19 ICF/MR
MEDICARE:	4	SUSPENSION RESCINDED:	--	--	----
MEDICAID:	22			72	
OTHER:	10				

CURRENT SURVEY REVISIT DATES - NONE

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
01/1999		04/2000		06/2001		04/10/2002			
X	D	X	E						REQ F0316-APPROPRIATE TREATMENT FOR INCONTINENT RES REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	85 EXIST CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
01/1999	03/2000	05/2001	04/22/2002		
X					K0018-CORRIDOR DOORS K0046-EMERGENCY LIGHTING K0050-FIRE DRILLS K0052-TESTING OF FIRE ALARM K0056-AUTOMATIC SPRINKLER SYSTEM K0062-SPRINKLER SYSTEM MAINTENANCE K0069-COOKING EQUIPMENT K0076-MEDICAL GAS SYSTEM K0130-OTHER
		X	X C	05/09/2002	
		X			
		X	X N		
		X			
X			X C	05/06/2002	
X	X	X	X C	05/06/2002	

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	0	0	1	1
HEALTH TOTAL	0	0	1	1
LIFE SAFETY CODE	4	4	1	3
LIFE SAFETY CODE + HEALTH	4	4	2	4

## COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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09/08/1999	UNSUBSTANTIATED
10/19/1999	UNSUBSTANTIATED
01/13/2000	UNSUBSTANTIATED
06/07/2001	UNSUBSTANTIATED

## FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
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04/27/2000	COMPARATIVE

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT  
 COP = CONDITION REQ = REQUIREMENT